



# Atlanta

May 22, 2006



Citizens' Health Care Working Group

HEALTH CARE  
THAT WORKS FOR ALL  
AMERICANS

## OVERVIEW

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The Citizens' Health Care Working Group's Atlanta Community Meeting was held May 22 at Skyland Trail, a mental health facility that offers long and short term residential care and community-based therapy. The National Mental Health Association of Georgia hosted the meeting.

Most of the Working Group's meetings followed a standard format, but a few were devoted to particular topics, and had a specialized agenda: the Atlanta meeting was one such meeting and addressed mental health issues.

The meeting began with questions asked at all community meetings. Ninety-eight percent of participants believed that the U.S. health care system is either in a major state of crisis or has major problems. The same percentage believed that it should be public policy that all Americans have affordable health care coverage.



### Citizens' Health Care Working Group Community Meetings

Kansas City, Missouri  
Orlando, Florida  
Baton Rouge, Louisiana  
Memphis, Tennessee  
Charlotte, North Carolina  
Jackson, Mississippi  
Seattle, Washington  
Denver, Colorado  
Los Angeles, California  
Providence, Rhode Island  
Miami, Florida  
Indianapolis, Indiana  
Detroit, Michigan  
Albuquerque, New Mexico  
Phoenix, Arizona  
Daytona Beach, Florida  
Upper Valley, New Hampshire  
Hartford, Connecticut  
Des Moines, Iowa  
Philadelphia, Pennsylvania  
Las Vegas, Nevada  
Sacramento, California  
San Antonio, Texas  
Fargo, North Dakota  
New York, New York  
Lexington, Kentucky  
Little Rock, Arkansas  
Cincinnati, Ohio  
Sioux Falls, South Dakota  
**Atlanta, Georgia**



## SESSION FINDINGS

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### **Values**

Attendees believed that the value most fundamental to a health care system “that works for all Americans” is universal access, with health care as a right. Other important values were affordability and equal quality of care for all.

In considering what was most important to the delivery of *mental* health care services, universal access was also rated highest, along with integration of mental health into primary health care, parity for mental health care and eliminating the stigma attached to mental health. Participants also stressed the connections among mind, body and spirit.

### **Benefits**

*“Consumer choice is very important for how one enters a comprehensive care system.”*

The vast majority of attendees (91 percent) believed that health care coverage based on a defined level of services was preferable to providing coverage for particular groups of people, as is now the case.

Participants spent time discussing how mental health care services should be delivered within the broader health care system. The overwhelming choice of the group (73 percent) was to have a comprehensive delivery system through primary care. This comprehensive system would provide access to services driven by consumer choice. It would address addictive disease, mental illness and other physical illnesses. This system would also include education for all providers. Finally, a robust referral system would be an additional key feature of this delivery system.

There was also opposition to this design. A small number of participants believed that the importance of confidentiality in the treatment of mental health conditions called for a separate delivery system. About 10 percent believed that consumers should be able to bypass the primary care provider and “go straight to the provider that provides the service you need.” Also, participants were clear that the primary care provider should not function as a gatekeeper who decides what treatments may be received.

### **Getting Health Care**

Participants believed the lack of parity in insurance coverage of mental illness compared to other medical conditions is a fundamental barrier to receipt of mental health care services, and is the single most important issue to address in getting mental health care.

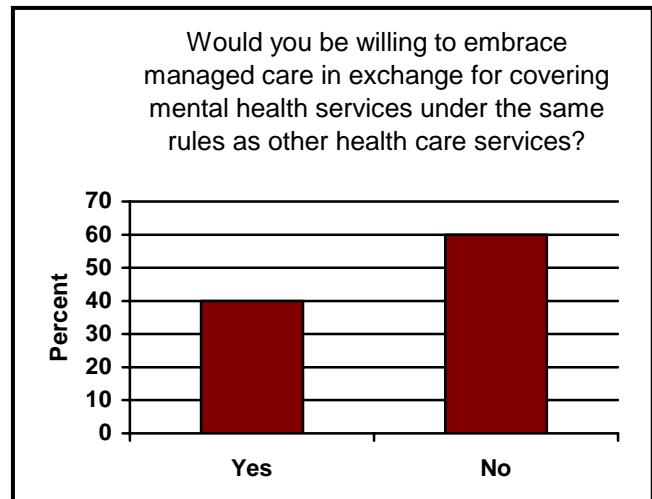
Other problems identified as priorities for action included the need for more funding for mental health services, the stigma associated with mental health conditions, continuity of care and the need for education to help people “know what is wrong

and where to go for help.” The inappropriate criminalization of mental health behaviors was also included in the list of barriers to care.

## ***Financing***

Close to three-quarters of participants (73 percent) believed that everyone should be required to enroll in basic health care coverage, either public or private.

Sixty percent of participants said they were not willing to adopt a managed care delivery system for mental health services in exchange for parity (covering mental health care under the same rules as other health care services). Many of these people expressed the view that “managing” care would lead to difficulties in getting needed services.



## ***Tradeoffs***

*“Congress should have the same health care as the American people.”*

Participants were asked to identify potential trade offs that might build “health care that works for all Americans.” A majority of people (60 percent) strongly agreed that no trade offs were necessary; they said sufficient resources exist and need to be redirected to health care through changes in Congressional priorities.

At the same time, over three-quarters of attendees either agreed or strongly agreed with a proposal for a tax increase dedicated to expanding access to health care.

Slightly more than half of the participants disagreed or strongly disagreed with a proposal to invest more in primary care physicians and reduce payment to specialists.

Finally, on a proposal to limit extraordinary care when there is no reasonable hope for continuing quality life, the audience was divided: 43 percent of attendees agreed or strongly agreed with the statement; 29 percent strongly disagreed; 9 percent disagreed and 20 percent were neutral.

When asked specifically how much more

### **How to get affordable, high quality mental health care for all Americans?**

Participants summed up the mental health care system they wanted as: “a comprehensive coordinated continuum for coverage, based on a best practice model that includes open access to medications, early intervention, education, culturally appropriate individualized service supported by insurance parity and a national awareness campaign.”

participants would be willing to pay annually to support efforts that would result in every American having access to affordable, high quality health care coverage and services, close to three-quarters of the attendees were willing to pay some amount. Thirteen percent were willing to pay \$1,000 or more. Twenty percent were unwilling to pay any more.

Ultimately, attendees wanted a system of “any door” access to services where dollars follow the consumer and there is a focus on wellness, recovery and resiliency. Participants summed up the mental health care system they wanted as: “a comprehensive coordinated continuum for coverage, based on a best practice model that includes open access to medications, early intervention, education, culturally appropriate individualized service supported by insurance parity and a national awareness campaign.”



## METHODOLOGY

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Participants at the meeting were assigned to tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys of the full group, and interactions at the table and full group levels. Some discussion questions at this meeting were the standard questions used at most community meetings; other were customized for this meeting's focus on mental health care. Key points raised to the full group were displayed on a screen. Participants answered questions using key pads and results were displayed as received. Key findings from these instant polls formed the basis for full group discussion. Complete polling data from this meeting is available at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov).

## PARTICIPATION

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The Citizens' Health Care Working Group sponsored this meeting in Atlanta, Georgia on May 22, 2006, which focused on mental health issues. This meeting was held at Skyland Trail, a mental health facility that offers long and short term residential care and community-based therapy. The National Mental Health Association of Georgia, led by Ellyn Jeager, hosted the meeting, which was specifically designed to delve into issues surrounding mental health care and coverage. Chris Wright represented the Working Group at the meeting. Carolyn Lukensmeyer of *AmericaSpeaks* facilitated the meeting. Pat Gardner, a state representative, participated in the meeting and made opening remarks. Media coverage was provided by WABE, the local public radio station, whose staff interviewed Chris Wright. NPR reported on the meeting.

The 100 participants at the Atlanta meeting were knowledgeable about mental health. They included providers and consumers of mental health services, family members and advocates for the mentally ill and other health care providers. The participants were largely female (60 percent), with about half of all attendees falling between the ages of 45 and 64. The group was well-educated: 59 percent had a graduate or professional degree with another 23 percent with a bachelor's degree.

Forty-one percent of attendees were African-American and 2 percent were Hispanic. Over three-fifths were employed full time, with 11 percent self-employed and another 10 percent employed part-time. Three-fourths of the participants had employer-based insurance as their primary source of health care coverage; five percent were uninsured.

## DATA

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### What is your gender?

40.0%	Male
60.0%	Female

### What is your age?

4.6%	Under 25
35.4%	25 to 44
47.7%	45 to 64
12.3%	65 and better

### Are you Hispanic or Latino?

1.6%	Yes
98.4%	No

### What is your racial background?

54.7%	White
40.6%	Black or African American
0.0%	Asian
0.0%	American Indian or Alaska Native
0.0%	Native Hawaiian or Pacific Islander
3.1%	Other racial background
0.0%	Decline to answer

### What is your educational background?

0.0%	Elementary (grades 1 to 8)
0.0%	Some high school
3.1%	High school graduate or GED
9.4%	Some college
4.7%	Associate Degree
23.4%	Bachelor's Degree
59.4%	Graduate or professional degree
0.0%	Decline to answer

### What is your current employment status?

11.1%	Self-employed
61.9%	Employed - working full time
9.5%	Employed - working part-time
3.2%	Not employed / currently looking for work
1.6%	Homemaker
12.7%	Other / Retired

**What is your primary source of health care coverage?**

74.6%	Employer-based insurance
3.2%	Self-purchased insurance
12.7%	Medicare
0.0%	Medicaid
3.2%	Veterans'
1.6%	Other
4.8%	None
0.0%	Not sure

**Which one of these statements do you think best describes the U.S. health care system today?**

63.9%	It is in a major state of crisis
34.4%	It has major problems
1.6%	It has minor problems
0.0%	It does not have any problems
0.0%	No opinion

**Should it be public policy that all Americans have affordable health care coverage?**

98.4%	Yes
1.6%	No

**Which value is the most fundamental to the delivery of mental health care services?**

8.1%	Mind body and spirit – wellness focus
3.2%	Consumer/self directed
19.4%	Parity for mental health care
3.2%	Public education program – screening and early intervention
25.8%	Universal access – health care is a right
21.0%	Mental health integrated into primary health care
1.6%	Early intervention
4.8%	Mental health training mandatory in public service
9.7%	Get rid of the stigma related to mental health
3.2%	Transparency and accountability of providers

**Which value is most fundamental to our overall health care system?**

16.1%	Affordability
3.2%	Choice of care
3.2%	Ease of use and understandability
14.5%	Equal quality of care for all
45.2%	Health care is a right - universal access
8.1%	Prevention / wellness / early intervention
4.8%	Care before profit
1.6%	Quality of care
3.2%	Accountability and transparency

**Which of these models would be the better way to provide coverage?**

9.3%	Particular groups of people
90.7%	Defined level of services for everyone



**How should mental health care services be delivered within the overall health care system?**

72.7%	Comprehensive delivery system through primary care to include addictive disease, mental illness, and all other physical illnesses <ul style="list-style-type: none"> <li>o Education for all providers</li> <li>o With robust referral system</li> <li>o Access driven by consumer choice</li> </ul>
4.5%	Comprehensive prevention with family focus based in the educational system
9.1%	Comprehensive one stop shop with ability to treat all diseases physical and mental
3.0%	Confidentiality – Special system for mental health with a single point of entry
10.6%	Bypass primary care system – go to provider needed – trust fund for low income people

**Which difficulties that you and people you know have had in getting mental health care is most important to address?**

14.0%	Stigma associated with mental health
26.3%	Lack of insurance parity
3.5%	Access – Transportation, Urban/Rural
17.5%	Need more/Access dollars in the system
5.3%	Fragmented system – how to enter in not clear
12.3%	Continuity of care – can't get what they need when they need it
1.8%	Lack of / Limit of coverage
10.5%	Lack of education to know what is wrong and where to go
8.8%	Inappropriate criminalization of mental health behaviors

**Should everyone be required to enroll in basic health care coverage - either private or public?**

73.1%	Yes
26.9%	No

**Would you be willing to embrace managed care in exchange for covering mental health services under the same rules as other health care services?**

39.7%	Yes
60.3%	No

**Please indicate your level of support for this trade-off: Pay dedicated tax for access to health care**

14.5%	Strongly Disagree
8.1%	Disagree
1.6%	Neutral
45.2%	Agree
30.6%	Strongly Agree

**Please indicate your level of support for this trade-off: No need to give up anything – we have the resources. Congress change its priorities to match the American publics' priorities**

6.7%	Strongly Disagree
1.7%	Disagree
5.0%	Neutral
26.7%	Agree
60.0%	Strongly Agree

**Please indicate your level of support for this trade-off:** We shouldn't have to give up anything, health care has given up enough. Move budget priorities around. Congress should have the same health care as the American public.

3.8%	Strongly Disagree
5.7%	Disagree
3.8%	Neutral
28.3%	Agree
58.5%	Strongly Agree

**Please indicate your level of support for this trade-off:** Invest in more in primary care physicians, reduce what we are paying to specialists, make the primary care physicians the number one provider of health care.

32.8%	Strongly Disagree
18.8%	Disagree
17.2%	Neutral
18.8%	Agree
12.5%	Strongly Agree

**Please indicate your level of support for this trade-off:** Limit extraordinary care when there is no reasonable hope for continuing quality of life

28.6%	Strongly Disagree
8.9%	Disagree
19.6%	Neutral
19.6%	Agree
23.2%	Strongly Agree

**How much more would you be willing to pay a year to support efforts that would result in every American having access to affordable, high quality health care coverage and services?**

20.0%	\$0
31.7%	\$1 – \$99
15.0%	\$100 – \$299
11.7%	\$300 – \$999
13.3%	\$1,000 or more
8.3%	Don't Know

**What is the best way to get affordable, high quality mental health care for all Americans?**

11.9%	Any door access where money follows the consumer – wellness, recovery, resilience, etc.
50.8%	Comprehensive coordinated continuum for coverage – based on best practice model that includes open access to medications, early intervention, education, culturally appropriate individualized service supported by insurance parity and national awareness cam
16.9%	Parity for insurance – ability to go outside the basic system (I pay for) in a mandatory universal coverage system financed by additional dedicated taxes that includes a fully funded public mental health care system
20.3%	Multi-tiered system – a revision of primary care to create a system of care that incorporates equally all of the markers of well being physical, mental, emotional, spiritual, etc.

**Did you learn anything new?**

78.7%	Yes
21.3%	No

**Have your opinions changed at all since you walked in this room?**

35.6%	Not at all
22.0%	A little bit
27.1%	Some
15.3%	A lot

**Overall, how do you rate today's meeting?**

6.8%	Very poor
1.7%	Poor
20.3%	Okay
42.4%	Good
28.8%	Excellent

## STAYING INVOLVED

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Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at [www.citizenshealthcare.gov](http://www.citizenshealthcare.gov) and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.  
[www.citizenshealthcare.gov/community/mtg\\_kit.php](http://www.citizenshealthcare.gov/community/mtg_kit.php)
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.  
[www.citizenshealthcare.gov/register](http://www.citizenshealthcare.gov/register)
- Add your opinions to three different polls in the **Public Comment Center**  
[www.citizenshealthcare.gov/speak\\_out/comment.php](http://www.citizenshealthcare.gov/speak_out/comment.php)
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.  
[www.citizenshealthcare.gov/community/mtng\\_files/complete.php](http://www.citizenshealthcare.gov/community/mtng_files/complete.php)
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.  
[www.citizenshealthcare.gov](http://www.citizenshealthcare.gov)

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or [jessica.federer@ahrq.hhs.gov](mailto:jessica.federer@ahrq.hhs.gov).